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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. TNCR.196US2	
		First Named Inventor or Application Identifier Ibrahim Abdulhalim	
		Title Periodic Patterns and Technique to Control Misalignment Between Two Layers	
		Express Mail Label No. EV 321 717 174 US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450												
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing) 2. Application: <input checked="" type="checkbox"/> Specification: (23 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description <input checked="" type="checkbox"/> Claim(s) (9 pages) <input checked="" type="checkbox"/> Abstract of the Disclosure (1 page) 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Informal - 25 sheets / Formal - 22 sheets] 4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR § 1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages 9. <input type="checkbox"/> 37 CFR § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) (_____ pages) <input type="checkbox"/> _____ Copies of IDS Citations/References & <input type="checkbox"/> PTO Form 1449 (_____ page) 12. <input checked="" type="checkbox"/> Preliminary Amendment <u>7</u> pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Copy of U.S. Patent Application Publication US 2002/0158193 A1 (38 pages) <input type="checkbox"/> _____												
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>09/833,084</u> Filed on <u>Apr. 10, 2001</u> , entitled: <u>Periodic Patterns and Technique to Control Misalignment Between Two Layers</u> . PRIOR APPLICATION INFORMATION: <u>Examiner Unassigned Group Art Unit 1775</u>													
18. CORRESPONDENCE ADDRESS <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below </div> <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">36257</div> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name James S. Huse</td> <td style="width: 50%;">Reg. No. 29,545</td> </tr> <tr> <td>Attorneys for Applicant Parsons Hsue & de Runtz LLP</td> <td></td> </tr> <tr> <td colspan="2">Address 655 Montgomery Street, Suite 1800</td> </tr> <tr> <td>City San Francisco</td> <td>State CA</td> </tr> <tr> <td>Country: United States</td> <td>Zip Code 94111</td> </tr> <tr> <td>Telephone (415) 318-1160</td> <td>Fax (415) 693-0194</td> </tr> </table>		Name James S. Huse	Reg. No. 29,545	Attorneys for Applicant Parsons Hsue & de Runtz LLP		Address 655 Montgomery Street, Suite 1800		City San Francisco	State CA	Country: United States	Zip Code 94111	Telephone (415) 318-1160	Fax (415) 693-0194
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19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	23-20	=	2	x	\$18	=	\$54.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3	=	0	x	\$86	=	\$258.00	
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))					+	\$280.00	=	
BASIC FEE (37 CFR 1.16(a))								=	\$ 770.00
Total of above Calculations								=	\$1082.00
Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).								=	
TOTAL								=	\$1082.00

20. FEES:

☒ A check is enclosed for \$1082.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664.

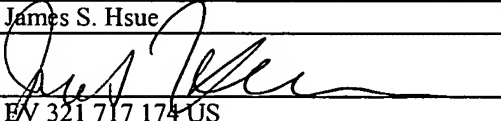
21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257				<input checked="" type="checkbox"/> New correspondence address below
NAME	James S. Hsue, Parsons Hsue & de Runtz LLP				
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CITY	San Francisco	STATE	California	ZIP CODE	94111
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23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco, CA 94111 Tel. (415) 318-1160 Fax. (415) 693-0194	
Date:	October 30, 2003
Name	James S. Hsue Reg. No. 29,545
Signature	
Express Mail Label No.	EV 321 717 174 US